

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number 10/816,183-Conf. #7854	
	Filing Date March 31, 2004	
	First Named Inventor Raymond P. Feith	
	Title MULTI-VALVE INJECTION/ASPIRATION MANIFOLD WITH NEEDLELESS ACCESS, etc.	
	Art Unit 3763	
	Examiner Name Q. H. Vu	
Attorney Docket No. 74688/P004CP1D1/10804933		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 000029053

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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City	State	Zip	
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date 6-11-08
Name Jeff Goble	Telephone (480) 344-5000
Title and Company President, Medegen, Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.